



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

RECEIVED
2010 Breath Alcohol Program
By Carol Day at 9:57 am, Mar 01, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN 087959	RBT IV SN 08C.3527.093	DATE OF INSPECTION 2-20-10
LOCATION OF INSTRUMENT (STREET AND CITY) 5501 Quail Ridge Pkwy Wentzville		TIME OF INSPECTION 0550

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	passed
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	17°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	2-20-10 0554 hours
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 0.097	TEST 2 0.098	TEST 3 0.097
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE ($34^{\circ} \pm .2^{\circ} \text{C}$) 34.01°C		
<input checked="" type="checkbox"/> RFI DETECTOR OPERATING passed		
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)		
REFUSALS 0	(0-.04) 0	(.05-.09) 0
(.10-.14) 0	(.15-.19) 0	(Over .19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Meets DOTHSS Standards
Guth Lab Lot # 9270 Exp. 9-23-10 (OK -10)

Returned instrument to service. Repairs done at intoximeters:
New internal printer battery, New plug on the end of the charger for the printer (replaced end of charger)

Maintenance completed at DOC then instrument transferred to Park.

INSPECTING OFFICER	
SIGNATURE Michael C. Hoelle	PRINT NAME Michael C. Hoelle
TYPE II PERMIT NUMBER/EXPIRATION DATE 1920134 6-19-11	TELEPHONE NUMBER 636-949-0809



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09270 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1207 percent (w/vol) ethyl alcohol. The expiration date for this lot number is September 23, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C. +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

09270	9/23/09	9/23/10
LOT NO.	MFG. DATE	EXP. DATE

275 Gal.	500 ML	317
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338
Rev. 4/02



Ted J. Pauley, President
GUTH LABORATORIES, INC.

AS IV Serial no: 007959
Version no: 004C

TEST RECORD 00210

Temp Date Time 210L
s/

Air Blank:
02/20/10 06:00 .000
Calibration Check:
20 02/20/10 06:00 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 007959
Version no: 004C

TEST RECORD 00211

Temp Date Time 210L
s/

Void: RFI
12 02/20/10 06:01

Subject Name

Subject I.D.

Operator Name, I.D.

Location

1

AS IV Serial no: 087959
Version no: 004C

TEST RECORD 00208

Temp Date Time ^{s/} 210L

Air Blank:
02/20/10 05:57 .000
Calibration Check:
17 02/20/10 05:57 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

1.

AS IV Serial no: 087959
Version no: 004C

TEST RECORD 00209

Temp Date Time ^{s/} 210L

Air Blank:
02/20/10 05:59 .000
Calibration Check:
18 02/20/10 05:59 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MICHAEL C HOEFLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000;ASIV/RBT

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/19/09

Number 920134

Expires 06/19/2011

MO 560-0771 (7-88)

John J Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-86)